

State of Louisiana

MILITARY DEPARTMENT SOUTHERN ANTI-TERRORIST REGIONAL TRAINING ACADEMY



COURSE APPLICATION

JAMES T. BRIDGES COLONEL (LA) DIRECTOR

Rank:	Badge #:		SSN:		
First Name:	I	Last Name:			
Department: ☐ City Police ☐ State Officer ☐ Sheriff ☐ University Police ☐ Other					
Employer:					
Station Address: Home Address:					
Street:		Street:			
City:	State:	City:		State:	
Zip: Parish:	- L	Zip:	Parish	:	
Course Title:					
Desired date(s): 1 st :	2 ⁿ	d.	3 rd :	3 rd :	
Contact Information:					
Daytime Phone #:	Emergency Contact Name:				
Fax:		Phone #:			
Email:		Relationship:			
Applicant Signature:	1	Date:			

^{*}Application may be faxed, mailed (see info below) or emailed to williamsont@la-arng.ngb.army.mil.